

**DEPARTMENT OF WORKFORCE
DEVELOPMENT**

Secretary Roberta Gassman
201 East Washington Avenue
P.O. Box 7946
Madison, WI 53707-7946
Telephone: (608) 266-7552
FAX: (608) 266-1784
www.dwd.state.wi.us



**State of Wisconsin
Governor Jim Doyle**

**DEPARTMENT OF HEALTH AND
FAMILY SERVICES**

Secretary Helene Nelson
1 West Wilson Street
P.O. Box 7850
Madison, WI 53707-7850
Telephone: (608) 266-9622
FAX: (608) 266-7882
www.dhfs.state.wi.us

**TO: Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

**FROM: Amy Mendel-Clemens
Communications Section
Bureau of Health Care Eligibility**

BHCE/BWP OPERATIONS MEMO

No.: 03-26

Date: 04/08/2003

Non W-2 ☒ W-2 ☐ CC ☐

PRIORITY: HIGH

SUBJECT: Change in Confidential Information Release Authorizations form

CROSS REFERENCE: Section 164.532(a)(b) of the HIPAA regulation
Medicaid Handbook 5.2.3, Operations Memo 03-06

EFFECTIVE DATE: IMMEDIATELY

PURPOSE

The purpose of this memo is to:

1. Describe the new HIPAA requirements regarding the release of information for medical records of participants, and
2. Replace HFS 9 D with HCF 14014 Authorization to Disclose Information to Disability Determination Bureau (DDB) form.

BACKGROUND

Effective April 14, 2003, the Health Insurance Portability and Accountability Act (HIPAA) goes into effect which imposes national rules for the protection and dissemination of an individual's health records. HIPAA holds the health-care provider accountable for the protection of the privacy of the individual's personal health records.

At the same time, HIPAA allows the medical health provider to accept a claimant's request for release of all medical evidence. HIPAA (and the substance abuse law) permits disclosure from classes of providers, without having to name specific providers. HIPAA allows:

- Providers to accept photocopies of an original release.
- Releases to be transmitted electronically.
- Authorizations to disclose future information arising after the date of the release.
- Requires a provider to comply with a direct patient request for his or her own records.

POLICY

NEW FORM

Disability claims being developed prior to the April 14, 2003 implementation date, may continue to be processed with the obsolete versions of the HFS 9 D (as long as the date of the signature predates April 14, 2003). Section 164.532(a)(b) of the HIPAA regulation clearly allows this transition practice.

The Disability Determination Bureau will not accept any claims dated April 14, 2003 or later without the new HCF 14014 release form. The new HCF 14014 replaces the HFS 9 D effective immediately.

NOTE ➤ The HCF 14014 needs to be submitted with all disability claims, including presumptive disability claims.

PROCEDURE

HOW TO COMPLETE THE HCF 14014:

The claimant's name, SSN and birth date should be entered in the box in the upper right hand corner of the form. Page two of the HCF 14014 is information for the applicant and should not be included with the application.

SIGNATURE REQUIREMENTS

By the Claimant

The claimant must enter his/her signature, the date the authorization is signed, and his/her address and telephone information.

Some sources require that the claimant's signature is witnessed and a block is provided in this section for the witness's signature and address. A second block, to the right of the first block, is provided for the signature of a second witness, should it be required.

To avoid delays in processing, one person should always witness the claimant's signature (including signature by mark). DDB does not require a witness' signature, but without it, a source may not honor the authorization. If a face-to-face claims interview takes place, it is recommended that the interviewing case worker sign as the witness.

If the claimant can only sign with an "X", two witnesses are required to sign

By Another Individual

If the claimant is age 12 or older, but still considered to be a minor under State law, both the claimant and his/her parent, guardian, or other person authorized by State law to act for the claimant must sign the authorization. The claimant signs in the signature space on the left. An additional area to the right of the signature box is provided for the signature of the parent,

guardian or other authorized person. This area contains a signature line and checkboxes, which identify the relationship of the person signing the authorization to the minor child.

NOTE ➤ If the claimant's parent or guardian has a strong objection to the claimant signing the authorization and the source will accept the HCF 14014 without the additional signature, this requirement may be waived. If the source requires both signatures, explain this to the parent or guardian. An exception to this requirement exists when the State law provides for confidential treatment of minor persons, i.e., without the consent or knowledge of parents, guardians, etc. When the claimant has been adjudged incompetent, the guardian or other person authorized under State law to act on his or her behalf must sign the authorization (the incompetent claimant need not sign). The relationship of the claimant to the person signing the authorization should always be shown. "Legal guardian," "custodian," etc., are appropriate and important entries in the relationship block.

ATTACHMENT

HCF 14014 - Authorization To Disclose Information To Disability Determination Bureau (DDB).
<http://www.dhfs.state.wi.us/em/>

CONTACTS

BHCE CARES Information & Problem Resolution Center

Email: carpolcc@dwd.state.wi.us
Telephone: (608) 261-6317 (Option #1)
Fax: (608) 266-8358

Note: Email contacts are preferred. Thank you.

DHFS/DHCF/BHCE/JT